

**STATE OF CALIFORNIA
UNDERGROUND STORAGE TANK CLEANUP FUND**

**REIMBURSEMENT
REQUEST
INSTRUCTIONS
and
CHECKLIST**

**STATE WATER RESOURCES CONTROL BOARD
DIVISION OF FINANCIAL ASSISTANCE**

Mailing Address:

**STATE WATER RESOURCES CONTROL BOARD
UST CLEANUP FUND PROGRAM
P.O. BOX 944212
SACRAMENTO, CA 94244-2120**

Contact Fund at: 1-800-813-FUND(3863) or

Physical Address:

**STATE WATER RESOURCES CONTROL BOARD
UST CLEANUP FUND PROGRAM
1001 I STREET, 17th Floor
SACRAMENTO, CA 95814-2828**

www.swrcb.ca.gov/cwphome/ustcf

REVISED 02/19/2003

REIMBURSEMENT REQUEST INSTRUCTIONS UNDERGROUND STORAGE TANK CLEANUP FUND

1-2-3 STEPS TO COMPLETE REIMBURSEMENT REQUESTS

BEFORE YOU DO ANYTHING, you should know...

- Reimbursements can only be made after a Letter of Commitment has been issued for your claim. Section 2812.(b)
- No reimbursements can be made without invoices, technical reports and proof of payment. Section 2812.(c). Invoices must be submitted for all costs claimed whether paid for or not. This includes subcontractor invoices.
- No reimbursements can be made without a completed Reimbursement Request (RR) form and spreadsheet. This also applies to submittals for pending costs. Section 2811.2[[]]

STEP ONE – GATHER ALL REQUIRED FORMS

Gather **copies** of all invoices, cancelled checks, and technical reports (including letters to/from the Local Agency, etc). Put them in three separate piles in chronological order. You should also include with every RR package a Narrative Work Description.

See “Reimbursement Request Checklist” to help you with what forms are required for your particular RR package. You will need an Address Change Form if you have moved or would like your correspondence and checks mailed to a different address than what we have on file. You will need a new Claimant Data Record form if you have moved out of California, or for some reason, your tax identification number has changed. You will need a Bid Summary form for every new phase of work. You may need a Power of Attorney form under certain circumstances. The Checklist will guide you to use the appropriate forms.

STEP TWO – COMPLETE THE SPREADSHEET

From the invoices pile, complete the spreadsheet form showing invoices to be claimed. From the cancelled checks pile, complete the spreadsheet form indicating what checks paid for what invoices. If costs are within one year of the RR and have not been paid yet, write “Not Paid Yet” in the Payments Verification Section. The following are detailed instructions:

Checkboxes are provided to help you complete the form.

SECTION 1

CLAIMANT INFORMATION

- ☐ Complete identification information in upper left corner indicating:
 - 1) Name of the claimant as it appears on your Letter of Commitment.
 - 2) Number assigned to this claim by the Fund.
 - 3) The number of this request. If Final, write the request number AND Final.
 - 4) Region in which the site is located.
- ☐ Complete the page information in the upper right-hand corner after you have completed your spreadsheet, i.e., Page 1 of 4.

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SECTION 2

INVOICE INFORMATION

- ☐ Carry the previous total forward from the last Payment Summary and enter this amount at the top of the "Amount Requested" column. If this is the initial request or if there have not been any costs previously determined eligible, leave this box blank.
- ☐ Complete the "Invoice Information Section" by starting with "Payee" and working across each column of Section 2. **INVOICES SHOULD BE LISTED IN CHRONOLOGICAL ORDER.**

"Payee" = The name of the vendor for the invoice being listed.

"Work Performed" = The work performed for the invoice being listed, i.e., groundwater monitoring, initial site investigation, etc.

"Invoice No" = The number of the invoice being listed. Leave blank if no number is given.

"Invoice Date" = The date of the invoice being listed

"Invoice Amount" = The entire amount of the invoice being listed, including any ineligible costs you are not requesting reimbursement for.

"Amount Requested" = The dollar amount requested for reimbursement, not including ineligible costs.

"Ineligible" = Any ineligible costs included in the invoice, i.e., tank removal. These costs will not be considered for reimbursement.

"Eligible Third Party" = Any eligible third party costs. Leave this column blank unless legally awarded a third party claim previously approved by the Fund.

SECTION 3

PAYMENT VERIFICATION

- ☐ Complete the Payment Verification section.

"No" = The number of the check used to pay the invoice(s) listed.
If the invoice has not been paid and is dated within one year of the Reimbursement Request, write in the Payment Verification Section: "Not Paid Yet".

"Date" = The date of the check.

"Amount" = The entire amount of the check being listed. If the check is greater or less than the amount of the invoice, provide an explanation in the "Comments" Section. A breakdown of the check will be required if the check was used to pay several invoices.

"Comments" = Any information needed to explain completion of the spreadsheet, not the work performed.

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SECTION 4

AMOUNT REQUESTED

- ☐ Total the "Amount Requested" column on each page and bring that amount forward to the next page. If this is the last page of your spreadsheet, carry this number forward to your "Request for Reimbursement Form."

SAMPLE SPREADSHEET

Page ____ of ____

Claimant: _____

Claim No: _____

Request No: _____

Region: _____

Spread Sheet

Section 1

| # | Payee | Work Performed | Invoice No | Invoice Date | Invoice Amount | Amount Requested | Ineligible \$ | Eligible Third Party |
|------------------|-------|----------------|------------|--------------|----------------|------------------|---------------|----------------------|
| Previous Total | | | | | | | | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | | | | | | | | |
| Subtotal Sheet 1 | | | | | | 0.00 | 0.00 | 0.00 |

Section 2

| Payment Verification | | | |
|----------------------|------|--------|----------|
| No. | Date | Amount | Comments |
| | | | |
| | | | |
| | | | |
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Section 3

Section 4

NOTE: The Spreadsheet is also available on our website www.swrcb.ca.gov/cwphome/ustcf in electronic format entitled "Electronic Spreadsheet Instructions."

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STEP THREE – THE REIMBURSEMENT REQUEST (RR) FORM

The RR form must be submitted with each Reimbursement Request package. The RR should be signed and dated in ink by the person who signed the original application. You will need your completed spreadsheet to complete the RR form. The following are detailed instructions:

Checkboxes are provided to help you complete the form.

SECTION 1

CLAIMANT INFORMATION

- ☐ Indicate Reimbursement Request Number (1, 2, etc. Final.)

- ☐ Complete an "Address Change" form (if applicable)

A final reimbursement request is to be made only when the project is 100 percent complete and the site has received closure from the appropriate regulatory agency. Include a copy of the letter from the regulatory office to verify that your site is closed. The final reimbursement request should be identified as such by entering the word "FINAL" after the number of the reimbursement in the space provided in the upper right corner of the form (e.g. "Reimbursement No. 5-Final").

SECTION 2

PROJECT COSTS INCURRED TO DATE

Ensure the total eligible amount claimed is indicated. The amount should be cumulative, total-to-date. After completing the spreadsheet, transfer the "total amount requested" to line 1, "Corrective Action Costs".

Any costs pertaining to "Third Party Judgments" should appear on the Fund's pre-printed form on Line 2.

Any adjustments (settlements, etc.) should appear on the Fund's pre-printed form on Line 3.

- ☐ The deductible is pre-printed by the Fund on each reimbursement request form.
- ☐ Total all amounts.

SECTION 3

Sign Reimbursement Request form in ink and date.
Mail package to:

Mailing Address:

State Water Resources Control Board
USTCF – PAYMENTS UNIT
P.O. BOX 944212
SACRAMENTO, CA 94244-2120

Physical Address:

State Water Resources Control Board
USTCF – PAYMENTS UNIT
1001 I STREET, 17th Floor
SACRAMENTO, CA 95814-2828

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REIMBURSEMENT REQUEST FORM (EXAMPLE)

| REIMBURSEMENT REQUEST - UNDERGROUND STORAGE TANK CLEANUP FUND | | |
|---|---------|-------------------|
| CLAIM NO: | REGION: | REIMBURSEMENT NO: |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> CLAIMANT: CO-PAYEE: JOINT CLAIMANT: </div> <div style="width: 40%; text-align: center;"> </div> </div> | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> C/O: ATTN: CLAIMANT ADDRESS: </div> <div style="width: 40%; text-align: center;"> </div> </div> | | |
| CONTAMINATED SITE: ADDRESS: | | |
| <input type="checkbox"/> CHECK HERE AND COMPLETE "ADDRESS CHANGE FORM" IF ADDRESS HAS CHANGED http://www.swrcb.ca.gov/cwphome/ustcf/download.htm | | |

| PROJECT COSTS INCURRED TO DATE (This Section to be completed by claimant) | APPROVED FOR PAYMENT (TO DATE) (State Use Only) |
|---|---|
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> 1. CORRECTIVE ACTION COSTS (Add "Total Costs Approved To Date" from last payment summary with new costs being claimed.) </div> <div style="width: 40%; text-align: center;"> </div> </div> | \$ |
| 2. THIRD PARTY JUDGEMENT | \$ |
| 3. ADJUSTMENT | \$ () |
| 4. DEDUCTIBLE (Subtract) | \$ () |
| TOTAL | \$ |

| | | |
|---|--------------|-------------|
| CERTIFICATION: I have read and agree with the "Conditions of Payments" (Exhibit I), listed on the reverse side of this document. Note: This request CANNOT BE PROCESSED unless the "Conditions of Payments" are included on the reverse side when submitted. The costs claimed have been incurred and have been paid or will be paid within thirty (30) days of receipt of the funds requested hereby. If such costs have not been paid within 30 days, funds received under this request will be returned to the State Water Resources Control Board within 30 days. | | |
| CLAIMANT SIGNATURE: | DATE: | |
| STATE USE ONLY: APPROVAL FOR PAYMENTS <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;">\$ _____</div> <div style="width: 30%;">LESS \$ _____</div> <div style="width: 30%;">\$ _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">Approved for Payment to Date</div> <div style="width: 30%;">Previous Payments</div> <div style="width: 30%;">Amount Due</div> </div> | | |
| Reviewed By: _____ | Title: _____ | Date: _____ |
| Approved By: _____ | Title: _____ | Date: _____ |

REIMBURSEMENT REQUEST INSTRUCTIONS UNDERGROUND STORAGE TANK CLEANUP FUND

REIMBURSEMENT REQUEST CHECKLIST

The following checklist includes all information that may be required when submitting a Reimbursement Request. It is recommended to complete a checklist and include it with each submittal.

| SUBMIT THE FOLLOWING WITH EVERY REIMBURSEMENT REQUEST |
|---|
| <input type="checkbox"/> REIMBURSEMENT REQUEST FORM(can only be obtained from the Fund) <ul style="list-style-type: none">Complete Reimbursement Request form in accordance with Step Three of the Reimbursement Request Instructions. |
| <input type="checkbox"/> SPREADSHEET <ul style="list-style-type: none">Complete spreadsheet in accordance with Step Two of the Reimbursement Request Instructions. |
| <input type="checkbox"/> NARRATIVE WORK DESCRIPTION <ul style="list-style-type: none">A written summary of work performed, in chronological order, relating to the current request. |
| <input type="checkbox"/> INVOICES <ul style="list-style-type: none">Copies of invoices listed on the spreadsheet. Attach supporting sub-contractor invoices. |
| <input type="checkbox"/> CANCELLED CHECKS <ul style="list-style-type: none">Copies of cancelled checks as listed on the spreadsheet. |
| SUBMIT THE FOLLOWING AS REQUIRED |
| <input type="checkbox"/> BID SUMMARY SHEET <ul style="list-style-type: none">Three bids or justification for not obtaining three bids is required for tasks submitted that have not been Pre-Approved. |
| <input type="checkbox"/> TECHNICAL REPORTS <ul style="list-style-type: none">Copies of reports when submitting invoices of tasks that generate reports. |
| <input type="checkbox"/> REGULATORY AGENCY CORRESPONDENCE <ul style="list-style-type: none">Directives and approvals, including corrective action plans, for tasks/invoices submitted.Site closure letter if no further action is required at the site. |
| <input type="checkbox"/> PRE-APPROVAL LETTERS <ul style="list-style-type: none">Pre-Approval letters if submitting invoices for tasks that have been Pre-Approved by the Fund. |
| <input type="checkbox"/> POWER OF ATTORNEY <ul style="list-style-type: none">An attorney-in-fact may be appointed to act on the claimant's behalf before the Fund when submitting required reimbursement request documentation. |
| <input type="checkbox"/> ADDRESS CHANGE FORM <ul style="list-style-type: none">Required to update the claimant's mailing address. If the new address is outside of California, a new Claimant Data Record form is required. |

Revised 10/02

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